STEVE BULLOCK GOVERNOR

Yellowstone County Commissioners RECEIVED

SEP - 1 2016

August 29, 2016

Lucy Brown, Executive Director Housing Authority of Billings 2415 1<sup>st</sup> Avenue N Billings, MT 59101 E' Jea & Meresa

RE: Spring Garden Apartments HOME Investment Partnerships Program Period of Affordability Monitoring Follow-Up

Dear Ms. Brown,

I would like to thank you for your and Amber's time and accommodation while I completed the required on-site visit of the Spring Garden Apartments in Billings on August 23, 2016. The HOME Program conducts on-site visits in order to monitor the condition of facilities that have received HOME funding. A copy of the on-site checklist and tenant file review document are enclosed with this letter.

No issues or concerns were found during the review of the tenant files and inspections of HOME-assisted units. The building and units are in very good shape and the property is well maintained. The tenant files are well organized and easy to navigate. I would like to thank you and Amber for taking the time to meet with me and show me Spring Garden Apartments.

Thank you for all of your continued work providing affordable housing in Montana.

Sincerely,

Stephanie M Crider

CDBG and HOME Program Specialist Community Development Division Montana Department of Commerce

Cc: William Kennedy, Yellowstone County

**Enclosures** 

http://comdev.mt.gov

commerce@mt.gov

301 S. PARK AVE. | PO BOX 200523 | HELENA, MT 59620-0523 | P: (406) 841-2770 | F: (406) 841-2771 | TDD: (406) 841-2702



	HOME PROGRAM ONSITE INSPECTION FORM													
HOME	Staff Comple	eting Form:		Stepha	anie Cı	ider				Date:	8/23/2	016	<del></del>	
Projec	t Name:	Spring Gardens /	Apartm	ents			Project Grantee:							
Proje	ct Address:	3222 Henesta Dr	ive, Bil	lings, N	VIT 591	01		——————————————————————————————————————						
1. Has	there been a	change of owne	rship?				Yes	√ No				M4-4-4-		
If Ye	s, who is the o	current owner?						- <del>-</del>					** ***	
2. Is th	l. Is the project in a designated 100-year floodplain? ☐ Yes ☑ No													
If ye.	s, is the prope	rty insured throug	h the N	lationa	l Flood	Insura	nce Program?			Y	es [	] No		
3. Tota	al number of	units in project:				16	4. Number of	HOME units	in proj	ect:			8	
5. Wha	5. What is the rent standard? HOME													
	TENANT INFORMATION													
oer ss				Num	ber of				+=	<u>&gt;</u>	. 8			
Unit Number or Address	Date of Last	Date of Last H	QS	smo	hold ers	An	nual Gross	Monthly	Tenant Rent	Subsidy	Utility Allowance	Total	Rent	
nit N r Ad	Income Cert	Inspection		Bedrooms	Household Members		Income*	Adjusted Income**	# "	NS.	Allo C	i		
5°				Be	£≥				Α	† B	+ C =		D	
									100	Soft Soft				
			frederic	¥ i,			ultility 4.							
#2	6/1/16	2/10/16		2	1	\$	8,796	\$ 733	135	135	88	\$	358	
i fi Film Friese in	Source	Documentation:	t at a randara in	Armita a distance			SS	I Benefits						
									11 11 11 11 11	n marin				
				M M										
#4	5/27/16	5/27/16		3	4	\$	20,074	\$ 1,672	153	397	113	\$	663	
	Source	Documentation:	SERVE STOREGIST OF THE	Occidental and America	to a bundar a	1 5130 S.D., A.S.	SSI Benefits,	CHIMES Stat	ement	Secretary of the Control	27.015 S. 24.1 St. 10.10.11		1	
12.44														
#6	2/1/16	2/10/16		3	1	<u> </u> \$	19,827	\$ -1,652	500		86	\$	586	
. 5.25 (300 Ph	Source	Documentation:	erenterio	TOTAL TOTAL TO	ऽत्रपुर <b>ाक्ष्य</b> ार्थाः	Employ	ment verification	on and asset o	ocume	ntation	sauptijk ggt	yah mengapa	rijesjeriji spalje	
40	4/20/16	1/20/46		dan.	dinavah.		44.000		State Program	11/2/11			8.494	
#8		4/20/16		3	4	\$	14,963	\$ 1,246	550		115	\$	665	
- - 320 50	Source	Documentation:	W15171-11	海便地	ia ma	SUSPINI	Earnings state	ments and pa	y studs	rfellastidi.	Market a	propress.		
	(表) 水素的原料(c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c)											dan. Hara		
6 Dot	enant files co	ontain income ce	rtificat	ione f	or the				OMMEN	TO.				
	ous 12 month		√ Yes		_	No	Sour	rce documenta			ed annu	ally		
		s: rtifications correct	<u> </u>	•		140			101110	00110010	o anna	uny.		
	complete?	anoutons correct	✓ Yes	:		No								
<del></del>		ne re-examined v					Source doc	umentation is	collecte	ed annu	ially and	d exam	ined	
l	documentat		√ Yes	-	_	No			nnually					
					لبينا			Prohibit	ed Lease	Terms:				
8. For	projects real	ıiring a lease:					1) Tenant agrees	to be sued	•					
J	p. 0,000 1040				'						1			

HOME Investment Partnerships Program Montana Department of Commerce

Exhibit 10D-1

HOME Administration Manual May 2012

a. Provides for 30-day notice of			Owner cannot seize or sell tenant's personal property without notice or a court decision unless tenant vacates property
termination?	✓ Yes	☐ No	Excusing owner from responsibility for any action or failure to act whether intentional or negligent
b. Contains prohibited terms?	Yes	✓ No	Agreement of tenant that owner may institute a lawsuit without notice to tenant
			5) Agreement of tenant that owner may evict tenant without instituting a civil court proceeding
			6) Agreement by tenant to waive any right to a trial by jury
			7) Agreement by tenant to waive his/her right to appeal a court decision
			8) Tenant chargeable with cost of legal fees regardless of outcome
	TE	NANT SELECT	TION/MARKETING
9. Maintains and follows an			COMMENTS
approved tenant selection policy	1?	Same for bo	oth projects. It's in the application.
✓ Yes	☐ No		
10. Fair Housing Poster is displa	yed	, -	the PHA and in Amber's office. No common areas at either of
in a public area?	No		sites. Amber stated she would post the Fair Housing Poster in the ms at Spring Gardens.
in a public area?			
11. For projects with 5+ HOME u	nits:	Yes - Ambe	r keeps a folder with all of the information.
a. Does the project have an app	roved		
Affirmative Fair Housing Marketi	ng		
(AFHM) Plan? ☑ Yes	☐ No		
b. Is there documentation showi	ng that		
the organizations in the AFHM P	lan are		
contacted yearly? 🕢 Yes	☐ No		
c. Is race/ethnicity data collected	l and		
maintained for all applicants to t	his		
project?	☐ No		
d. Do all public advertisements o	ontain		
the Equal Housing Opportunity I	ogo?		· · · · · · · · · · · · · · · · · · ·
✓ Yes	☐ No		

# **Inspection Checklist**

Housing Choice Voucher Program

### U.S. Department of Housing and Urban Development Office of Public and Indian Housing

OMB Approval No. 2577-0169 (Exp. 9/30/2012)

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time—for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. Assurances of confidentiality are not provided under this collection.

This collection of information is authorized under Section 8 of the U.S. Housing Act of I937 (42 U.S.C. 1437f). The information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program.

Name	of Family		**		Tenant ID	Number	Date of Re	Date of Request (mm/dd/yyyy)		
Uni	it 1						. 08/1	. 08/16/2016		
Inspec	tor				Neighbort	nood/Census Tract	Date of In:	Date of Inspection (mm/dd/yyyy)		
Ste	phanie Crider						1	08/23/2016		
Туре о	f Inspection				1	Date of Last Inspection (mm/dd/yy	yy) PHA			
in	itial Special 📝 Reinspection					02/10/2016	gs PHA			
	neral Information									
		onstruc	ted (yy	yy) 19	96		Housing Type (check as appropriate)			
Full Ac	Idress (including Street, City, County, State, Zip)							Family Detached		
	Henesta Drive						<u> </u>	or Two Family		
PITI	lings, MT 59101							ouse or Town House		
							L.T.	se: 3, 4 Stories, ngGarden Apartment		
Numbe	er of Children in Family Under 6		i i					High Rise; 5 or More Stories		
							Manufa	ctured Home		
Owne	r			***************************************			Congre 📗	~		
Name	of Owner or Agent Authorized to Lease Unit Inspected				Phone No	ımber	<u>                                   </u>	Cooperative Independent Group Resi-		
Housing Authority of Billings						45-6391	dence			
Addres	ss of Owner or Agent						Single I	Single Room Occupancy		
								Housing		
Hou	sing Authority of Billings, 2415 1	Lst A	venue	Nort	h, Bill	ings, MT 59101	Other			
B. Su	mmary Decision On Unit (To be completed after	form t	as her	en filled	out)					
	Pass Number of Bedrooms for Purposes				ing Rooms					
	Fail of the FMR or Payment Standard									
	Inconclusive 3			3						
Inspe	ction Checklist									
item No.	1. Living Room	Yes Pass	No Fail	In- Conc.		Comment		Final Approval Date (mm/dd/yyyy)		
1.1	Living Room Present	1								
1.2	Electricity	✓								
1.3	Electrical Hazards	✓								
1.4	Security	<b>√</b>								
1.5	Window Condition	1								
1.6	Ceiling Condition	1								
1.7	Wall Condition	1								
1.8	Floor Condition	1								

Previous editions are obsolete

Page 1 of 7

<sup>\*</sup> Room Codes: 1 = Bedroom or Any Other Room Used for Sleeping (regardless of type of room); 2 = Dining Room or Dining Area;

<sup>3 =</sup> Second Living Room, Family Room, Den, Playroom, TV Room; 4 = Entrance Halls, Corridors, Halls, Staircases; 5 = Additional Bathroom; 6 = Other

Item No.	Living Room (Continued)	Yes Pass	No Fail	In- Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint				✓ Not Applicable	
	Are all painted surfaces free of deteriorated paint?				Constructed after 1979	
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
	2. Kitchen		4	•		
2.1	Kitchen Area Present	1				
2.2	Electricity	✓				
2.3	Electrical Hazards	✓				
2.4	Security	1				
2.5	Window Condition	✓				
2.6	Ceiling Condition	✓				
2.7	Wall Condition	✓				
2.8	Floor Condition	✓		-		
2.9	Lead-Based Paint				✓ Not Applicable	
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
2.10	Stove or Range with Oven	✓				
2.11	Refrigerator	✓				
2.12	Sink	✓				
2.13	Space for Storage, Preparation, and Serving of Food	1				
	3. Bathroom				-	
3.1	Bathroom Present	✓				
3.2	Electricity	✓				
3.3	Electrical Hazards	✓				
3.4	Security	✓				
3.5	Window Condition	✓				
3.6	Ceiling Condition	✓				
3.7	Wall Condition	✓				
3.8	Floor Condition	✓				
3.9	Lead-Based Paint				✓ Not Applicable	
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
3.10	Flush Toilet in Enclosed Room in Unit	✓				
3.11	Fixed Wash Basin or Lavatory in Unit	✓				
3.12	Tub or Shower in Unit	✓				
3.13	Ventilation	✓				

Previous editions are obsolete

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item No.	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In- Conc		Comment		Final Approval
4.1	Room Code* and Room Location Left	(C	ircle O t/Cente	ne)	Cantar	(Circle One) Front/Center/Rear	Floor Level	Date (mm/dd/yyyy
4.2	Electricity/Illumination	✓						
4.3	Electrical Hazards	1						
4.4	Security	✓	i					
4.5	Window Condition	1						
4.6	Ceiling Condition	1						
4.7	Wall Condition	1		,				
4.8	Floor Condition	✓			:			
4.9	Lead-Based Paint				X No	ot Applicable		
	Are all painted surfaces free of deteriorated paint?							
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?							
4.10	Smoke Detectors	✓						
4.1	Room Code* and Room Location Left	(Ci Right/	rcle Or Center	ne) r/Left	Rear	(Circle One) Front/Center/Rear	Floor Level	
4.2	Electricity/Illumination	1						
4.3	Electrical Hazards	1						
4.4	Security	1			<u> </u>			
4.5	Window Condition	1						
4.6	Ceiling Condition	1						
4.7	Wall Condition	✓				110.00		
4.8	Floor Condition	✓						
4.9	Lead-Based Paint				x	Not Applicable		
	Are all painted surfaces free of deteriorated paint?					· ·		
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?	_		and the second second	-			
4.10	Smoke Detectors	1						
4.1	Room Code* and Room Location Rear	(C Right	ircle O	ne) er/Left	Rear	(Circle One) Front/Center/Rear	Floor Level	
4.2	Electricity/Illumination	1						
4.3	Electrical Hazards	1						
4.4	Security	1		·····				
4.5	Window Condition	<b>√</b>						<u></u> .
4.6	Ceiling Condition	1						
4.7	Wall Condition	1						
4.8	Floor Condition	1						· · · · · · · · · · · · · · · · · · ·
4.9	Lead-Based Paint				X No	t Applicable		
	Are all painted surfaces free of deteriorated paint?				140	τημριισασία		
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?							
4.10	Smoke Detectors	✓						

Previous editions are obsolete

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item No.	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In- Conc.	Comment	Final Approval Date (mm/dd/yyyy)
4.1	Room Code* and Room Location		rcle O /Cent	ne) er/Left	(Circle One) Front/Center/RearFloor Level	
4.2	Electricity/Illumination					
4.3	Electrical Hazards					
4.4	Security					
4.5	Window Condition					
4.6	Ceiling Condition					
4.7	Wall Condition					
4.8	Floor Condition					
4.9	Lead-Based Paint				Not Applicable	
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors					
4.1	Room Code* and Room Location		Circle :/Cent	One) er/Left	(Circle One) Front/Center/RearFloor Level	
4.2	Electricity/Illumination					
4.3	Electrical Hazards					
4.4	Security					
4.5	Window Condition					
4.6	Ceiling Condition					
4.7	Wall Condition					
4.8	Floor Condition					
4.9	Lead-Based Paint				Not Applicable	
	Are all painted surfaces free of deteriorated paint?				Tot / Approach	<u> </u>
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors					
	5. All Secondary Rooms (Rooms not used for living)					
5.1	None Go to Part 6					
5.2	Security					
5.3	Electrical Hazards			+		
5.4	Other Potentially Hazardous Features in these Rooms					

Item No.	6. Building Exterior	Yes Pass	No Fail	In- Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation					
6.2	Condition of Stairs, Rails, and Porches					
6.3	Condition of Roof/Gutters					
6.4	Condition of Exterior Surfaces					
6.5	Condition of Chimney					
6.6	Lead Paint: Exterior Surfaces Are all painted surfaces free of deteriorated paint?				Not Applicable	
	If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?					
6.7	Manufactured Home: Tie Downs					
	7. Heating and Plumbing					
7.1	Adequacy of Heating Equipment					
7.2	Safety of Heating Equipment					
7.3	Ventilation/Cooling					
7.4	Water Heater					
7.5	Approvable Water Supply					
7.6	Plumbing					
7.7	Sewer Connection					
	8. General Health and Safety					<u> </u>
8.1	Access to Unit					
8.2	Fire Exits					
8.3	Evidence of Infestation					
8.4	Garbage and Debris					
8.5	Refuse Disposal					
8.6	Interior Stairs and Commom Halls					
8.7	Other Interior Hazards					
8.8	Elevators					
8.9	Interior Air Quality					
8.10	Site and Neighborhood Conditions					
8.11	Lead-Based Paint: Owner's Certification				Not Applicable	

If the owner is required to correct any lead-based paint hazards at the property including deteriorated paint or other hazards identified by a visual assessor, a certified lead-based paint risk assessor, or certified lead-based paint inspector, the PHA must obtain certification that the work has been done in accordance with all applicable requirements of 24 CFR Part 35. The Lead-Based Paint Owner Certification must be received by the PHA before the execution of the HAP contract or within the time period stated by the PHA in the owner HQS violation notice. Receipt of the completed and signed Lead-Based Paint Owner Certification signifies that all HQS lead-based paint requirements have been met and no re-inspection by the HQS inspector is required.

Previous editions are obsolete

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1. Living Room	4. Bath
High quality floors or wall coverings  Working fireplace or stove  Balcony, patio, deck, porch  Special windows or doors  Exceptional size relative to needs of family  Other: (Specify)	Special feature shower head Built-in heat lamp Large mirrors Glass door on shower/tub Separate dressing room Double sink or special lavatory Exceptional size relative to needs of family Other: (Specify)
2. Kitchen	
Dishwasher Separate freezer Garbage disposal Eating counter/breakfast nook Pantry or abundant shelving or cabinets Double oven/self cleaning oven, microwave Double sink High quality cabinets Abundant counter-top space Modern appliance(s) Exceptional size relative to needs of family Other: (Specify)	5. Overall Characteristics  Storm windows and doors Other forms of weatherization (e.g., insulation, weather stripping Screen doors or windows Good upkeep of grounds (i.e., site cleanliness, landscaping, condition of lawn) Garage or parking facilities Driveway Large yard Good maintenance of building exterior Other: (Specify)
3. Other Rooms Used for Living	
High quality floors or wall coverings  Working fireplace or stove  Balcony, patio, deck, porch  Special windows or doors  Exceptional size relative to needs of family  Other: (Specify)	6. Disabled Accessibility  Unit is accessible to a particular disability. Yes No  Disability
D. Questions to ask the Tenant (Optional)  Does the owner make repairs when asked? Yes No  How many people live there?	
3. How much money do you pay to the owner/agent for rent? \$	
<ul><li>3. How much money do you pay to the owner/agent for rent? \$</li><li>4. Do you pay for anything else? (specify)</li></ul>	

Previous editions are obsolete

C. Special Amenities (Optional)

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	mmary/Comments (Optional) y description of each item which resulted	d in a rating of "Fail" or "Pass v	vith Comments."	
Tenant ID Number Unit 1	Inspector Stephanie Crider	Date of Inspection (mm/dd/yyyy) 08/23/2016	Address of Inspected Unit 3222 Henesta Drive	
Type of Inspection	Initial Special Reinspec	tion 🗸	Billings, MT 59101	
Item Number	Reason for "F	ail" or "Pass with Comments"	Rating	

Continued on additional page Yes
Previous editions are obsolete

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# **Inspection Checklist**

Housing Choice Voucher Program

### U.S. Department of Housing and Urban Development Office of Public and Indian Housing

OMB Approval No. 2577-0169 (Exp. 9/30/2012)

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This collection of information is authorized under Section 8 of the U.S. Housing Act of I937 (42 U.S.C. 1437f). The information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program.

Name	of Family				Tenant II	Number	Ti	Date of Request (mm/dd/yyyy)				
	it 8								Date of Request (minida/yyyy)			
									08/16/2016			
Inspec						Neighbor	hood/Census Tract	ı	Date of Inspection (mm/dd/yyyy)			
	ephanie Cri of Inspection	der				<u> </u>			08/23/2016			
		Special  Reinspection					Date of Last Inspection (mm/d	d/yyyy) i	PHA			
	iii.di	Y Itemspection					02/10/2016		Billing	JB PHA		
	eneral Informat											
	ected Unit Un		r Construc	ted (yy	yy) 19	96		Ho		e (check as appropriate)		
322	udress (including s 2 Henesta I lings, MT 5								Single Family Detached Duplex or Two Family Row House or Town House Low Rise: 3, 4 Stories,			
								<b>✓</b>		e: 3, 4 Stories, gGarden Apartment		
Numb	er of Children in F	amily Under 6		ile lat					High Rise; 5 or More Stories Manufactured Home			
Owne	er	N/8072-11-001	THE SECTION ASSESSED.	CELEBOO LE CELEBOO.					Congreg			
Name	of Owner or Agen	t Authorized to Lease Unit Inspected				Phone N	umber		Cooperative			
Hot	using Autho	rity of Billings				406-2	45-6391		Independent Group Residence			
	ss of Owner or Ag							r		oom Occupancy		
714410	ad of Owner of Ag								Shared H			
Hot	using Autho	rity of Billings, 2415	lst A	venue	Nort	h, Bil	lings, MT 59101		Other			
B. Su	ımmary Decisio	on On Unit (To be completed a	fter form h	as ha	an fillad	out)						
7		Number of Bedrooms for Purpor	ses Nu			ing Rooms	3					
	Fail	of the FMR or Payment Standar	d						en e			
	Inconclusive	3			3							
Inspe	ection Checklis	t										
Item No.	1. Living Ro	oom	Yes Pass	No Fail	In- Conc		Comment			Final Approval Date (mm/dd/yyyy)		
1.1	Living Room	Present	✓									
1.2	Electricity		✓									
1.3	.3 Electrical Hazards ✓											
1.4	Security		✓									
1.5 Window Condition ✓												
1.6 Ceiling Condition ✓												
1.7 Wall Condition												
1.8	Floor Condit	ion	1									

\*Room Codes: 1 = Bedroom or Any Other Room Used for Sleeping (regardless of type of room); 2 = Dining Room or Dining Area; 3 = Second Living Room, Family Room, Den, Playroom, TV Room; 4 = Entrance Halls, Corridors, Halls, Staircases; 5 = Additional Bathroom; 6 = Other

Previous editions are obsolete

Page 1 of 7

Item No.	1. Living Room (Continued)	Yes Pass	No Fail	In- Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint				✓ Not Applicable	
	Are all painted surfaces free of deteriorated paint?				Constructed after 1979	
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
	2. Kitchen					
2.1	Kitchen Area Present	1				
2.2	Electricity	✓				
2.3	Electrical Hazards	✓				
2.4	Security	1				
2.5	Window Condition	✓				
2.6	Ceiling Condition	1				
2.7	Wall Condition	1				
2.8	Floor Condition	✓				
2.9	Lead-Based Paint				▼ Not Applicable	
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
2.10	Stove or Range with Oven	✓				
2.11	Refrigerator	✓				
2.12	Sink	✓				
2.13	Space for Storage, Preparation, and Serving of Food	<b>✓</b>				
	3. Bathroom				4	
3.1	Bathroom Present	✓				
3.2	Electricity	✓				
3.3	Electrical Hazards	✓				
3.4	Security	✓				
3.5	Window Condition	✓				
3.6	Ceiling Condition	✓				
3.7	Wall Condition	✓				
3.8	Floor Condition	✓				
3.9	Lead-Based Paint  Are all painted surfaces free of deteriorated paint?				▼ Not Applicable	
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
3.10	Flush Toilet in Enclosed Room in Unit	✓				
3.11	Fixed Wash Basin or Lavatory in Unit	1				
3.12	Tub or Shower in Unit	✓				
3.13	Ventilation	✓				

Previous editions are obsolete

Page 2 of 7

ltem No.	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In- Conc		Comment		Final Approval Date (mm/dd/yyyy)
4.1	Room Code* and Room Location Left	(C Righ	ircle Or t/Cente	ne)	O4	(Circle One) Front/Center/Rear	Floor Level	Date (iiiibaayyyy)
4.2	Electricity/Illumination	✓						
4.3	Electrical Hazards	✓						
4.4	Security	✓						
4.5	Window Condition	✓						
4.6	Ceiling Condition	✓						
4.7	Wall Condition	<b>√</b>						
4.8	Floor Condition	✓						
4.9	Lead-Based Paint				X No	t Applicable		
	Are all painted surfaces free of deteriorated paint?							
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?							
4.10	Smoke Detectors	✓						
4.1	Room Code* and Room Location Left	(Ci Right	rcle On Center	e) /Left	Rear	(Circle One) Front/Center/Rear	Floor Level	
4.2	Electricity/Illumination	1						
4.3	Electrical Hazards	1						
4.4	Security	1						
4.5	Window Condition	1						
4.6	Ceiling Condition	1						
4.7	Wall Condition	✓						
4.8	Floor Condition	✓						
4.9	Lead-Based Paint				x N	lot Applicable		
	Are all painted surfaces free of deteriorated paint?					<b>,</b>		
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?	ļ						
4.10	Smoke Detectors	<b>√</b>	<u> </u>					
4.1	Room Code* and Room Location Rear	(C Righ	ircle Or t/Cente	ne) r/Left	Rear	(Circle One) Front/Center/Rear	Floor Level	
4.2	Electricity/Illumination	✓						
4.3	Electrical Hazards	<b>√</b>						
4.4	Security	1						
4.5	Window Condition	1						
4.6	Ceiling Condition	1						
4.7	Wall Condition	1						
4.8	Floor Condition	1						
4.9	Lead-Based Paint				X No	Applicable		
	Are all painted surfaces free of deteriorated paint?					Дрисавіс		
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?							
4.10	Smoke Detectors	✓						

Previous editions are obsolete

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tem No.	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In- Conc.	Comment	Final Approval Date (mm/dd/yyyy)
4.1	Room Code* and Room Location		rcle O /Cent	ne) er/Left	(Circle One) Front/Center/RearFloor Level	
4.2	Electricity/Illumination					
4.3	Electrical Hazards					
4.4	Security					
4.5	Window Condition					
4.6	Ceiling Condition					
4.7	Wall Condition					
4.8	Floor Condition					
4.9	Lead-Based Paint				Not Applicable	
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors					
4.1	Room Code* and Room Location		ircle /Cent	One) er/Left	(Circle One) Front/Center/RearFloor Level	
4.2	Electricity/Illumination					
4.3	Electrical Hazards					
4.4	Security					
4.5	Window Condition					
4.6	Ceiling Condition					
4.7	Wall Condition					
4.8	Floor Condition					
4.9	Lead-Based Paint				Not Applicable	
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors					
	5. All Secondary Rooms (Rooms not used for living)					
5.1	None Go to Part 6					
5.2	Security					
5.3	Electrical Hazards		-			
5.4	Other Potentially Hazardous Features in these Rooms					

Item No.	6. Building Exterior	Yes Pass	No Fail	In- Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation					
6.2	Condition of Stairs, Rails, and Porches					
6.3	Condition of Roof/Gutters					
6.4	Condition of Exterior Surfaces	<u> </u>				
6.5	Condition of Chimney			i		
6.6	Lead Paint: Exterior Surfaces Are all painted surfaces free of deteriorated paint?				Not Applicable	
	If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?					
6.7	Manufactured Home: Tie Downs					
	7. Heating and Plumbing					<del> </del>
7.1	Adequacy of Heating Equipment					
7.2	Safety of Heating Equipment					
7.3	Ventilation/Cooling					
7.4	Water Heater					
7.5	Approvable Water Supply					
7.6	Plumbing					
7.7	Sewer Connection					
	8. General Health and Safety					
8.1	Access to Unit					
8.2	Fire Exits					
8.3	Evidence of Infestation					
8.4	Garbage and Debris					
8.5	Refuse Disposal					
8.6	Interior Stairs and Commom Halls					
8.7	Other Interior Hazards					
8.8	Elevators					
8.9	Interior Air Quality					
8.10	Site and Neighborhood Conditions					
8.11	Lead-Based Paint: Owner's Certification				Not Applicable	

If the owner is required to correct any lead-based paint hazards at the property including deteriorated paint or other hazards identified by a visual assessor, a certified lead-based paint risk assessor, or certified lead-based paint inspector, the PHA must obtain certification that the work has been done in accordance with all applicable requirements of 24 CFR Part 35. The Lead-Based Paint Owner Certification must be received by the PHA before the execution of the HAP contract or within the time period stated by the PHA in the owner HQS violation notice. Receipt of the completed and signed Lead-Based Paint Owner Certification signifies that all HQS lead-based paint requirements have been met and no re-inspection by the HQS inspector is required.

Previous editions are obsolete

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High quality floors or wall coverings	
Working fireplace or stove Balcony, patio, deck, porch Special windows or doors Exceptional size relative to needs of family Other: (Specify)	Special feature shower head Built-in heat lamp Large mirrors Glass door on shower/tub Separate dressing room Double sink or special lavatory Exceptional size relative to needs of family Other: (Specify)
. Kitchen	
Dishwasher Separate freezer Garbage disposal Eating counter/breakfast nook Pantry or abundant shelving or cabinets Double oven/self cleaning oven, microwave Double sink High quality cabinets Abundant counter-top space Modern appliance(s) Exceptional size relative to needs of family Other: (Specify)	5. Overall Characteristics  Storm windows and doors Other forms of weatherization (e.g., insulation, weather stripping) Screen doors or windows Good upkeep of grounds (i.e., site cleanliness, landscaping, condition of lawn) Garage or parking facilities Driveway Large yard Good maintenance of building exterior Other: (Specify)
. Other Rooms Used for Living	
High quality floors or wall coverings  Working fireplace or stove  Balcony, patio, deck, porch  Special windows or doors  Exceptional size relative to needs of family  Other: (Specify)	6. Disabled Accessibility  Unit is accessible to a particular disability. Yes No  Disability
D. Questions to ask the Tenant (Optional) Does the owner make repairs when asked? Yes  N	No [
2. How many people live there?	
B. How much money do you pay to the owner/agent for rent?	
. Do you pay for anything else? (specify)	

Previous editions are obsolete

C. Special Amenities (Optional)

Page 6 of 7

E. Inspection Su	mmary/Comments (Optional)					
Provide a summar	y description of each item which resu	ulted in a rating of "Fail" or "Pass v	vith Comments."			
Tenant ID Number	Inspector	Date of Inspection (mm/dd/yyyy)	Address of Inspected Unit			
Unit 8	Stephanie Crider	08/23/2016	3222 Henesta Drive			
Type of Inspection	Initial Special Reins	pection 🔽	Billings, MT 59101			
Item Number	Reason fo	r "Fail" or "Pass with Comments"	Rating			

Continued on additional page 🕢 Yes

7 No

Previous editions are obsolete

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# **Inspection Checklist**

Housing Choice Voucher Program

### U.S. Department of Housing and Urban Development Office of Public and Indian Housing

OMB Approval No. 2577-0169 (Exp. 9/30/2012)

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time—for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. Assurances of confidentiality are not provided under this collection.

This collection of information is authorized under Section 8 of the U.S. Housing Act of I937 (42 U.S.C. 1437f). The information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program.

Name of Family				Tenant ID	Number		Date of Request (mm/dd/yyyy)		
Unit 2					08/16/2016				
Inspector				Neighbort	nood/Census Tract		Date of Insp	ection (mm/dd/yyyy)	
Stephanie Crider							08/23	/2016	
Type of Inspection		-		1	Date of Last Inspection (mm	/dd/yyyy)	PHA		
☐ Initial ☐ Special ☐ Reinspection					02/10/2016		Billing	в РНА	
A. General Information									
	ar Construc	ted (yy	yy) 19	96		HC		e (check as appropriate)	
Full Address (including Street, City, County, State, Zip)								amily Detached r Two Family	
3222 Henesta Drive Billings, MT 59101							⊒ •	ise or Town House	
Billings, MI 39101							_	e: 3, 4 Stories,	
							J	Garden Apartment	
Number of Children in Family Under 6	a det		Mille				High Rise	e; 5 or More Stories	
							Manufact	tured Home	
Owner							Congreg	ate	
Name of Owner or Agent Authorized to Lease Unit Inspecte	d			Phone N	umber	tive			
Housing Authority of Billings	406-2	45_6301		Independ dence	lent Group Resi-				
							Single Room Occupancy		
Address of Owner or Agent							Shared F	• •	
Housing Authority of Billings, 241	5 1st A	venue	Nort	th, Bill	lings, MT 59101		Other	3	
						-	_		
B. Summary Decision On Unit (To be completed	after form h	nas bee	en filled	l out)					
Pass Number of Bedrooms for Purp		mber c	of Sleep	ing Rooms	3				
Fail of the FMR or Payment Standa	ara		_						
Inconclusive 2			2						
Inspection Checklist									
Item No. 1. Living Room	Yes Pass	No Fail	In- Conc.		Comment			Final Approval Date (mm/dd/yyyy)	
1.1 Living Room Present	<b>√</b>								
1.2 Electricity	<b>√</b>								
1.3 Electrical Hazards	<b>√</b>								
1.4 Security	1			· · · · · · · · · · · · · · · · · · ·					
1.5 Window Condition	✓								
1.6 Ceiling Condition	<b>√</b>								
1.7 Wall Condition	✓				······································				
1.8 Floor Condition	1								

Previous editions are obsolete

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<sup>\*</sup> Room Codes: 1 = Bedroom or Any Other Room Used for Sleeping (regardless of type of room); 2 = Dining Room or Dining Area; 3 = Second Living Room, Family Room, Den, Playroom, TV Room; 4 = Entrance Halls, Corridors, Halls, Staircases; 5 = Additional Bathroom; 6 = Other

item No.	Living Room (Continued)	Yes Pass	No Fail	In- Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint				✓ Not Applicable	
	Are all painted surfaces free of deteriorated paint?				Constructed after 1979	
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
	2. Kitchen			ļ	-	
2.1	Kitchen Area Present	1				
2.2	Electricity	✓				·
2.3	Electrical Hazards	✓				
2.4	Security	✓				
2.5	Window Condition	✓				
2.6	Ceiling Condition	1				
2.7	Wall Condition	✓				
2.8	Floor Condition	✓				
2.9	Lead-Based Paint				✓ Not Applicable	
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
2.10	Stove or Range with Oven	✓				
2.11	Refrigerator	✓				
2.12	Sink	✓				
2.13	Space for Storage, Preparation, and Serving of Food	1				
	3. Bathroom		+	-		
3.1	Bathroom Present	✓				
3.2	Electricity	✓				
3.3	Electrical Hazards	✓				
3.4	Security	✓				·
3.5	Window Condition	✓				
3.6	Ceiling Condition	1				
3.7	Wall Condition	✓				
3.8	Floor Condition	✓				
3.9	Lead-Based Paint				✓ Not Applicable	
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
3.10	Flush Toilet in Enclosed Room in Unit	1				
3.11	Fixed Wash Basin or Lavatory in Unit	1				
3.12	Tub or Shower in Unit	✓				
3.13	Ventilation	✓				
		•			· · · · · · · · · · · · · · · · · · ·	

Previous editions are obsolete

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Item No.	4. Other Rooms Used For Living and Halls	Yes	No	In-		_		Final Approval
4.1	Room Code* and Room Location Left	Pass (C Righ	│ <b>Fail</b> ircle O t/Cente	Conc. ne) er/Left	Combon	Comment (Circle One) Front/Center/Rear	Floor Level	Date (mm/dd/yyyy
4.2	Electricity/Illumination	1						
4.3	Electrical Hazards	1						
4.4	Security	1						
4.5	Window Condition	1						
4.6	Ceiling Condition	1						
4.7	Wall Condition	✓						
4.8	Floor Condition	✓						
4.9	Lead-Based Paint				X No	t Applicable		
	Are all painted surfaces free of deteriorated paint?			!				
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?							
4.10	Smoke Detectors	✓						
4.1	Room Code* and Room Location Left	(Ci Right/	rcle Or Center	ne) r/Left	Rear	(Circle One) Front/Center/Rear	Floor Level	
4.2	Electricity/Illumination	1						
4.3	Electrical Hazards	1						
4.4	Security	<b>✓</b>						
4.5	Window Condition	1						
4.6	Ceiling Condition	✓						
4.7	Wall Condition	✓	_					
4.8	Floor Condition	✓						
4.9	Lead-Based Paint				x I	Not Applicable		
	Are all painted surfaces free of deteriorated paint?							
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?						7. T. T. Action of the Control of th	
4.10	Smoke Detectors	✓						
4.1	Room Code* and Room Location		ircle O /Cente			(Circle One) Front/Center/Rear	Floor Level	
4.2	Electricity/Illumination							
4.3	Electrical Hazards							
4.4	Security							
4.5	Window Condition				*			
4.6	Ceiling Condition							
4.7	Wall Condition							
4.8	Floor Condition							
4.9	Lead-Based Paint				Not	Applicable		
	Are all painted surfaces free of deteriorated paint?							
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?							
4.10	Smoke Detectors							

Previous editions are obsolete

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tem No.	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	in- Conc.	Comment	Final Approval Date (mm/dd/yyyy)
4.1	Room Code* and Room Location		rcle O /Cent	ne) er/Left	(Circle One) Front/Center/RearFloor Level	
4.2	Electricity/Illumination					
4.3	Electrical Hazards					
4.4	Security					
4.5	Window Condition					
4.6	Ceiling Condition					
4.7	Wall Condition					
4.8	Floor Condition					
4.9	Lead-Based Paint				Not Applicable	
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors					
4.1	Room Code* and Room Location	(( Right	Circle I/Cent	One) er/Left	(Circle One) Front/Center/RearFloor Level	
4.2	Electricity/Illumination					
4.3	Electrical Hazards		ļ			
4.4	Security					
4.5	Window Condition					
4.6	Ceiling Condition					
4.7	Wall Condition					
4.8	Floor Condition					
4.9	Lead-Based Paint				Not Applicable	
	Are all painted surfaces free of deteriorated paint?	-				
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors		<u> </u>			
	5. All Secondary Rooms (Rooms not used for living)				1	-
5.1	None Go to Part 6					
5.2	Security	<u> </u>				
5.3	Electrical Hazards			<del> </del>		
5.4	Other Potentially Hazardous Features in these Rooms					

Item No.	6. Building Exterior	Yes Pass	No Fail	In- Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation					
6.2	Condition of Stairs, Rails, and Porches					
6.3	Condition of Roof/Gutters		-			
6.4	Condition of Exterior Surfaces					
6.5	Condition of Chimney					
6.6	Lead Paint: Exterior Surfaces Are all painted surfaces free of deteriorated paint?				Not Applicable	
	If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?					
6.7	Manufactured Home: Tie Downs					
	7. Heating and Plumbing	<del></del>				
7.1	Adequacy of Heating Equipment					
7.2	Safety of Heating Equipment					
7.3	Ventilation/Cooling					
7.4	Water Heater					
7.5	Approvable Water Supply					
7.6	Plumbing					
7.7	Sewer Connection					
	8. General Health and Safety					
8.1	Access to Unit					
8.2	Fire Exits					
8.3	Evidence of Infestation					
8.4	Garbage and Debris					
8.5	Refuse Disposal					
8.6	Interior Stairs and Commom Halls					
8.7	Other Interior Hazards					
8.8	Elevators					
8.9	Interior Air Quality					
8.10	Site and Neighborhood Conditions					
8.11	Lead-Based Paint: Owner's Certification				Not Applicable	

If the owner is required to correct any lead-based paint hazards at the property including deteriorated paint or other hazards identified by a visual assessor, a certified lead-based paint risk assessor, or certified lead-based paint inspector, the PHA must obtain certification that the work has been done in accordance with all applicable requirements of 24 CFR Part 35. The Lead-Based Paint Owner Certification must be received by the PHA before the execution of the HAP contract or within the time period stated by the PHA in the owner HQS violation notice. Receipt of the completed and signed Lead-Based Paint Owner Certification signifies that all HQS lead-based paint requirements have been met and no re-inspection by the HQS inspector is required.

Previous editions are obsolete

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1. Living Room	4. Bath
High quality floors or wall coverings  Working fireplace or stove  Balcony, patio, deck, porch  Special windows or doors  Exceptional size relative to needs of family  Other: (Specify)	Special feature shower head Built-in heat lamp Large mirrors Glass door on shower/tub Separate dressing room Double sink or special lavatory Exceptional size relative to needs of family Other: (Specify)
2. Kitchen	
Dishwasher Separate freezer Garbage disposal Eating counter/breakfast nook Pantry or abundant shelving or cabinets Double oven/self cleaning oven, microwave Double sink High quality cabinets Abundant counter-top space Modern appliance(s) Exceptional size relative to needs of family Other: (Specify)	5. Overall Characteristics  Storm windows and doors Other forms of weatherization (e.g., insulation, weather stripping) Screen doors or windows Good upkeep of grounds (i.e., site cleanliness, landscaping, condition of lawn) Garage or parking facilities Driveway Large yard Good maintenance of building exterior Other: (Specify)
3. Other Rooms Used for Living	
High quality floors or wall coverings  Working fireplace or stove  Balcony, patio, deck, porch  Special windows or doors  Exceptional size relative to needs of family  Other: (Specify)	6. Disabled Accessibility  Unit is accessible to a particular disability. Yes No  Disability
D. Questions to ask the Tenant (Optional)  1. Does the owner make repairs when asked? Yes  2. How many people live there?  3. How much money do you pay to the owner/agent for ren	No []
<ul><li>4. Do you pay for anything else? (specify)</li><li>5. Who owns the range and refrigerator? (insert O = Owne</li></ul>	r or T = Tenant) Range Refrigerator Microwave

Previous editions are obsolete

C. Special Amenities (Optional)

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E. Inspection Su	mmary/Comments (Optional)			
Provide a summar	y description of each item which resulted	d in a rating of "Fail" or "Pass v	vith Comments "	
Tenant ID Number Unit 2	Inspector Stephanie Crider	Date of Inspection (mm/dd/yyyy) 08/23/2016	Address of Inspected Unit	
Type of Inspection			3222 Henesta Drive Billings, MT 59101	
Item Number	Reason for "F	ail" or "Pass with Comments"	Rating	

Continued on additional page 🕢 Yes

Previous editions are obsolete

# **Inspection Checklist**

Housing Choice Voucher Program

# U.S. Department of Housing and Urban Development Office of Public and Indian Housing

OMB Approval No. 2577-0169 (Exp. 9/30/2012)

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time—for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. Assurances of confidentiality are not provided under this collection.

This collection of information is authorized under Section 8 of the U.S. Housing Act of I937 (42 U.S.C. 1437f). The information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program.

Name of Family		Tenant II	) Number	D	Date of Request (mm/dd/yyyy)				
Unit 7				/2016					
Inspector Stephanie Crider				Neighbor	hood/Census Tract	D	Date of Inspection (mm/dd/yyyy) 08/23/2016		
Type of Inspection ☐ Initial ☐ Special ☑ Reinspection			Date of Last Inspection (mm/dd/ 02/10/2016						
A. General Information							······································		
Inspected Unit Unit 7 Year	Constru	cted (y	yy) 19	96				e (check as appropriate)	
Full Address (including Street, City, County, State, Zip) 3222 Henesta Drive Billings, MT 59101						<b>7</b>	Duplex o Row Hou Low Rise	amily Detached or Two Family use or Town House or 3, 4 Stories,	
Number of Children in Family Under 6							IncludingGarden Apartment High Rise; 5 or More Stories Manufactured Home		
Owner	M					<u> </u>	Congreg		
Name of Owner or Agent Authorized to Lease Unit Inspected				Phone N	===	Cooperative			
Housing Authority of Billings					45-6391	-	Independent Group Residence		
Address of Owner or Agent  Housing Authority of Billings, 2415  B. Summary Decision On Unit (To be completed aff Pass Number of Bedrooms for Purpos of the FMR or Payment Standard	er form l	nas be	en filled				Shared H	oom Occupancy lousing	
Inconclusive 2									
Inspection Checklist Item No. 1. Living Room	Yes Pass	No Fail	In- Conc		Comment			Final Approval Date (mm/dd/yyyy)	
1.1 Living Room Present	✓								
1.2 Electricity	1								
1.3 Electrical Hazards	1								
1.4 Security	1								
1.5 Window Condition	✓								
1.6 Ceiling Condition	1								
1.7 Wall Condition	1								
1.8 Floor Condition	1								

Previous editions are obsolete

Page 1 of 7

<sup>\*</sup>Room Codes: 1 = Bedroom or Any Other Room Used for Sleeping (regardless of type of room); 2 = Dining Room or Dining Area; 3 = Second Living Room, Family Room, Den, Playroom, TV Room; 4 = Entrance Halls, Corridors, Halls, Staircases; 5 = Additional Bathroom; 6 = Other

Item No.	Living Room (Continued)	Yes Pass	No Fail	in- Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint				✓ Not Applicable	
	Are all painted surfaces free of deteriorated paint?				Constructed after 1979	
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
	2. Kitchen					
2.1	Kitchen Area Present	1				
2.2	Electricity	1				
2.3	Electrical Hazards	1				
2.4	Security	1				
2.5	Window Condition	1				
2.6	Ceiling Condition	1				
2.7	Wall Condition	1				
2.8	Floor Condition	1				
2.9	Lead-Based Paint		<del>                                     </del>		✓ Not Applicable	
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
2.10	Stove or Range with Oven	✓				
2.11	Refrigerator	1				
2.12	Sink	1				
2.13	Space for Storage, Preparation, and Serving of Food	1				
	3. Bathroom	-				
3.1	Bathroom Present	1				
3.2	Electricity	✓				
3.3	Electrical Hazards	✓				
3.4	Security	✓				
3.5	Window Condition	1				
3.6	Ceiling Condition	✓				
3.7	Wall Condition	✓				
3.8	Floor Condition	✓				
3.9	Lead-Based Paint				▼ Not Applicable	
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
3.10	Flush Toilet in Enclosed Room in Unit	✓				
3.11	Fixed Wash Basin or Lavatory in Unit	✓				
3.12	Tub or Shower in Unit	✓				
3.13	Ventilation	✓				
		<u> </u>		<del></del>		

Previous editions are obsolete

Page 2 of 7

item No.	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In- Conc.	Comment	Final Approval
4.1	Room Code* and Room Location Left	(C	ircle O	ne)	Contor (Circle One)	Date (mm/dd/yyyy)
4.2	Electricity/Illumination	Kign	t/Cente	r/Len	Front/Center/RearFloor Lev	rel
4.3	Electrical Hazards	1				
4.4	Security	1				
4.5	Window Condition	1				
4.6	Ceiling Condition	1				
4.7	Wall Condition	1				
4.8	Floor Condition	1				
4.9	Lead-Based Paint				X Not Applicable	
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors	✓				
4.1	Room Code* and Room Location Left	(Ci Right	rcle Or Center	ne) /Left	(Circle One) Rear Front/Center/RearFloor Lev	el
4.2	Electricity/Illumination	✓				
4.3	Electrical Hazards	1				
4.4	Security	1				
4.5	Window Condition	✓				
4.6	Ceiling Condition	✓				
4.7	Wall Condition	✓				
4.8	Floor Condition	✓				
4.9	Lead-Based Paint				x Not Applicable	
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors	✓				
4.1	Room Code* and Room Location	(C Right	ircle O /Cente	ne) r/Left	(Circle One) Front/Center/RearFloor Lev	el
4.2	Electricity/Illumination					
4.3	Electrical Hazards					
4.4	Security					
4.5	Window Condition					
4.6	Ceiling Condition					
4.7	Wall Condition					
4.8	Floor Condition					
4.9	Lead-Based Paint				Not Applicable	
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors					

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tem No.	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In- Conc.	Comment	Final Approval Date (mm/dd/yyyy)
4.1	Room Code* and Room Location		rcle O /Cent	ne) er/Left	(Circle One) Front/Center/RearFloor Level	
4.2	Electricity/Illumination					
4.3	Electrical Hazards					
4.4	Security					
4.5	Window Condition					
4.6	Ceiling Condition					
4.7	Wall Condition					
4.8	Floor Condition					
4.9	Lead-Based Paint		i		Not Applicable	
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors					
4.1	Room Code* and Room Location	(C Right	ircle (	One) er/Left	(Circle One) Front/Center/RearFloor Level	
4.2	Electricity/Illumination					
4.3	Electrical Hazards					
4.4	Security					
4.5	Window Condition					
4.6	Ceiling Condition					
4.7	Wall Condition					
4.8	Floor Condition					
4.9	Lead-Based Paint				Not Applicable	
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors					
	5. All Secondary Rooms (Rooms not used for living)					
5.1	None Go to Part 6					
5.2	Security		<u> </u>			
5.3	Electrical Hazards			<del> </del>		
5.4	Other Potentially Hazardous Features in these Rooms					

Item No.	6. Building Exterior	Yes Pass	No Fail	In- Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation					
6.2	Condition of Stairs, Rails, and Porches					
6.3	Condition of Roof/Gutters					
6.4	Condition of Exterior Surfaces					
6.5	Condition of Chimney					
6.6	Lead Paint: Exterior Surfaces Are all painted surfaces free of deteriorated paint?				Not Applicable	
	If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?					
6.7	Manufactured Home: Tie Downs					
	7. Heating and Plumbing					· · · · · · · · · · · · · · · · · · ·
7.1	Adequacy of Heating Equipment					
7.2	Safety of Heating Equipment					
7.3	Ventilation/Cooling					
7.4	Water Heater					
7.5	Approvable Water Supply					
7.6	Plumbing					
7.7	Sewer Connection					
	8. General Health and Safety					
8.1	Access to Unit					
8.2	Fire Exits					<del> </del>
8.3	Evidence of Infestation					
8.4	Garbage and Debris					
8.5	Refuse Disposal					
8.6	Interior Stairs and Commom Halls					
8.7	Other Interior Hazards					
8.8	Elevators					
8.9	Interior Air Quality					
8.10	Site and Neighborhood Conditions					
8.11	Lead-Based Paint: Owner's Certification				Not Applicable	

If the owner is required to correct any lead-based paint hazards at the property including deteriorated paint or other hazards identified by a visual assessor, a certified lead-based paint risk assessor, or certified lead-based paint inspector, the PHA must obtain certification that the work has been done in accordance with all applicable requirements of 24 CFR Part 35. The Lead-Based Paint Owner Certification must be received by the PHA before the execution of the HAP contract or within the time period stated by the PHA in the owner HQS violation notice. Receipt of the completed and signed Lead-Based Paint Owner Certification signifies that all HQS lead-based paint requirements have been met and no re-inspection by the HQS inspector is required.

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. Living Room	4. Bath
High quality floors or wall coverings  Working fireplace or stove  Balcony, patio, deck, porch  Special windows or doors  Exceptional size relative to needs of family  Other: (Specify)	Special feature shower head Built-in heat lamp Large mirrors Glass door on shower/tub Separate dressing room Double sink or special lavatory Exceptional size relative to needs of family Other: (Specify)
. Kitchen	
Dishwasher Separate freezer Garbage disposal Eating counter/breakfast nook Pantry or abundant shelving or cabinets Double oven/self cleaning oven, microwave Double sink High quality cabinets Abundant counter-top space Modern appliance(s) Exceptional size relative to needs of family Other: (Specify)	5. Overall Characteristics  Storm windows and doors Other forms of weatherization (e.g., insulation, weather stripping Screen doors or windows Good upkeep of grounds (i.e., site cleanliness, landscaping, condition of lawn) Garage or parking facilities Driveway Large yard Good maintenance of building exterior Other: (Specify)
3. Other Rooms Used for Living	
High quality floors or wall coverings  Working fireplace or stove	
Balcony, patio, deck, porch	6. Disabled Accessibility
Special windows or doors  Exceptional size relative to needs of family  Other: (Specify)	Unit is accessible to a particular disability. Yes No Disability
<ul> <li>D. Questions to ask the Tenant (Optional)</li> <li>1. Does the owner make repairs when asked? Yes</li> <li>2. How many people live there?</li> <li>3. How much money do you pay to the owner/agent for ren</li> <li>4. Do you pay for anything else? (specify)</li> <li>5. Who owns the range and refrigerator? (insert O = Owne</li> <li>6. Is there anything else you want to tell us? (specify) Yes</li> </ul>	r or T = Tenant) Range Refrigerator Microwave

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C. Special Amenities (Optional)

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E. Inspection Su	mmary/Comments (Optional)				
	description of each item which resulted	d in a rating of "Fail" or "Pass v	vith Comments "		
Tenant ID Number	Inspector	Date of Inspection (mm/dd/yyyy)			
Unit 7	Stephanie Crider	08/23/2016	3222 Henesta Drive		
Type of Inspection	Initial Special Reinspec	tion 🔽	Billings, MT 59101		
Item Number	Reason for "F	ail" or "Pass with Comments" I	Rating		

Continued on additional page 🕢 Yes 📗 No

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